

**Training Application**  
**Fire Fighter I, II and I & II ONLY**  
Michigan Department of Labor & Economic Growth  
Bureau of Construction Codes & Fire Safety  
Office of Fire Fighter Training  
P.O. Box 30700, Lansing, MI 48909  
517-373-7981  
Authority: 1966 PA 291

**Eligibility** - Applicant must be a member of an organized Michigan fire department, 18 years of age or older (if under 18 years of age must be a Cadet or Explorer in a pre-approved program), to attend Fire Fighter I, FF II or FF I & II training administered by the Office of Fire Fighter Training. (Exception: Pre-service students may attend this training at an OFFT approved college or university based Regional Training Center. This application does not apply to pre-service students.)

**Instructions** - The applicant is to complete Sections I - III. The applicant's fire chief is to complete Section IV. **Both** the applicant and fire chief must sign and date the application before submitting to the Course Manager. If a fee is being charged, payment must be arranged with the Course Manager. **The applicant must bring a valid operators license with photo -OR- picture ID and a certified copy of his/her birth certificate to the first scheduled class.**

**Application Deadline** - This application **must** be received by the Course Manager on or before the second scheduled class date.

**Americans With Disabilities Act** - If you have a disability and may require some accommodation in taking this test, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available through this office. The ADA application must be received in the OFFT Lansing office at least **28 days PRIOR** to the first class session.

**I. Applicant Information**

|  |  |                         |                         |
|--|--|-------------------------|-------------------------|
| LAST NAME                                    | FIRST NAME                                   | MIDDLE INITIAL          | DATE OF BIRTH           |
| HOME ADDRESS                                 |  | COUNTY OF RESIDENCE     |                         |
| CITY   | STATE  | ZIP CODE                | SOCIAL SECURITY NUMBER* |
| DAYTIME TELEPHONE NUMBER (Include Area Code) | EVENING TELEPHONE NUMBER (Include Area Code) | DRIVER'S LICENSE NUMBER |                         |

**II. Fire Department Membership**

|   |  |
|---|--|
| DEPARTMENT NAME                                 | FDID NUMBER                              |
| DEPARTMENT TELEPHONE NUMBER (Include Area Code) | DATE EMPLOYED BY DEPARTMENT (MONTH/YEAR) |

**III. Training Requested (Check ONE)**

|   |         |           |
|---|---------|-----------|
| FF I  | FF II** | FF I & II |
| **FF II Prerequisite: <b>Must attach copy of FF I certificate to this form.</b> |         |           |

**IV. To Be Completed By Fire Chief**

|   |     |    |
|---|-----|----|
| The fire fighter identified in section I above: (Check Yes or No for each statement)  | Yes | No |
| A. Is 18 years of age or older, a member of my fire department, and is covered by the department's workers' compensation and liability insurance. (If under 18 years of age is a Cadet or Explorer)   |     |    |
| B. To the best of my knowledge is physically capable of participating in the certification test.  |     |    |
| C. Will participate in the training and certification test using personal protective clothing and personal protective equipment including positive pressure SCBA meeting the MIOSHA General Industry Safety Standard Part 74 Fire Fighting. |     |    |

**V. Signatures**

|   |  |
|---|--|
| I understand that providing false information on this application will result in revocation of certification. | I understand that any injury incurred by the applicant during the certification test is the responsibility of the fire department. |
| _____<br>Signature of Applicant      Date   | _____<br>Signature of Fire Chief or Designee      Date   |

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

\*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.